

**ILLINOIS UNIFIED CERTIFICATION PROGRAM
DBE NO CHANGE AFFIDAVIT**

Name of Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: () _____ - _____ Fax No.: () _____ - _____

E-mail: _____ Federal Employer ID No.: _____

Contact Person: _____ Title: _____

List annual gross receipts for the last three years:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

List annual number of employees for the last three years:

Year _____ Employee No. _____ Year _____ Employee No. _____ Year _____ Employee No. _____

Identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.

Owner/Manager	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Product or Service of Firm

SUBMISSION OF THE FOLLOWING DOCUMENTS IS REQUIRED FOR CONTINUING DBE CERTIFICATION STATUS:

- Affidavit must be signed by **all individuals** whose socio and economic status is relied upon for certification (51% DBE ownership required). **Affidavit must be notarized.**
- Personal Net Worth Statement for **all individuals** whose socio and economic status is relied upon for DBE certification (51% DBE ownership required).
- Signed copy of U.S. Federal Corporate Income Tax return including all schedules for **all individuals** whose socio and economic status is relied upon for DBE certification (51% DBE ownership required).
- Signed copy of U.S. Individual Income Tax Return including all schedules for **all individuals** whose socio and economic status is relied upon for certification (51% DBE ownership required).

NOTE: For any additional specialty area you wish to apply for in which you were not previously certified, submit the necessary documentation (licenses, resumes, previous contracts, etc.), demonstrating ability to perform commercially useful function in such additional area(s).

Upon penalty of perjury, the undersigned certifies that he/she is the _____

(Title in Firm)

of _____ and that he/she is authorized by the firm to execute this

(Firm Name)

affidavit in its behalf and attests to the accuracy and truthfulness of the information on the affidavit and its supporting documentation. Affiant(s) also understands that information provided herein may be audited, shared or verified by other means with other city, state or federal agencies as provided by law.

The affiant(s) also affirms that the disadvantaged, minority or women interests in the business constitutes 51% majority control over business operations and further affirms that there have been no changes in the circumstances of

_____ affecting its ability to meet size, disadvantaged status, ownership, or

(Firm Name)

control requirements of 49 CFR, part 26. There have been no material changes in the information provided with the original application for certification, except for any changes in which you have provided written notice under 49 CFR 26.83(1). The applicant and its affiliates continue to meet the Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (pursuant to SBA, NAICS size limits), in addition to ensuring the firm's previous three fiscal years, does not exceed the USDOT, **\$22.41 million size limit**. The undersigned also agrees to inform in writing of any circumstances affecting its ability to meet size, disadvantaged status, ownership or control requirements of this part or any material change in the information provided in your application form. Change notices must take the form of a notarized affidavit, sworn to by the applicant, executed under penalty of perjury of the laws of the United States. **Applicant must provide written notification within 30 days of the occurrence of the change.** Failure to make timely notification of such changes will deem the firm to have failed to cooperate under section 26.109(c).

Under SEC 26.107 of 49 CFR, part 26: If at any time the Department or a Recipient has reason to believe that any firm that does not meet the eligibility criteria of Subpart D, Certification Standards, and attempts to participate in a DOT assisted program as a DBE on the basis of false, fraudulent, or deceitful statements or representations or under circumstances indicating a serious lack of business integrity or honesty, the Department may initiate suspension or debarment proceedings against you under 49 CFR, part 29. The Department may also take enforcement action under 49 CFR, part 31, Program Fraud and Civil Remedies, against any participant in the DBE program whose conduct is subject to such action. The Department may refer to the Department of Justice, for prosecution under U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a DBE in any DOT assisted program or otherwise violates applicable Federal statutes.

I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investigating the qualifications of a business which has requested certification is a Class 2 felony subject to prosecution under 720 ILCS 5/33C of the Criminal Code of the State of Illinois. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION, (2) DECERTIFICATION/REMOVAL OF ELIGIBILITY, (3) DEBARMENT, (4) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED, AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

(Signature of Owner, Title)

Date

(Signature of Owner, Title)

Date

(Signature of Owner, Title)

Date

(Signature of Owner, Title)

Date

Notary Seal: Subscribed and sworn to before me this _____ day of _____

Signed: _____ Notary Public in and for the

County of: _____ State: _____ Notary Seal

My commission expires: _____

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
PERSONAL FINANCIAL STATEMENT**

As of _____, _____

Complete this form for each socially disadvantaged proprietor(s), or socially disadvantaged limited and general partner(s) whose combined interest totals 51% or more, or socially disadvantaged stockholder(s) owning 51% or more of voting stock in the disadvantaged business enterprise.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand and in banks \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____	Notes Payable to Banks and Others \$ _____ (Describe in Section 2)
IRA/Other Retirement Accts \$ _____	Installment Account (Auto) \$ _____ (Monthly Payments \$ _____)
Accounts & Notes Receivable \$ _____	Installment Account (Other) \$ _____ (Monthly Payments \$ _____)
Life Insurance-Cash Surrender Value Only \$ _____ (Complete Section 8)	Loan on Life Insurance \$ _____
Stocks and Bonds \$ _____ (Describe in Section 3)	Mortgages on Real Estate \$ _____ (Describe in Section 4)
Real Estate \$ _____ (Describe in Section 4)	Unpaid Taxes \$ _____ (Describe in Section 6)
Automobile(s) - Present Value ... \$ _____	Other Liabilities \$ _____ (Describe in Section 7)
Other Personal Property \$ _____ (Describe in Section 5)	Total Liabilities \$ _____
Other Assets \$ _____ (Describe in Section 5)	Net Worth \$ _____
Total \$ _____	Total \$ _____

Section 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax ... \$ _____
Other Income (Describe below)* .. \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1					
* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.					
Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					

Section 5. Other Personal Property and Other Assets

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail.)**Section 8. Life Insurance Held**

(Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Section 9. Asset Transfers

(Describe any transfer of assets between the disadvantaged individual and any individual or business within the past 2 years.)

I authorize the **ILLINOIS UNIFIED CERTIFICATION PROGRAM** to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of DBE certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:

Signature:

Date:

Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.